

ARIZONA STATE BOARD OF EDUCATION

1535 West Jefferson, Bin 11

Phoenix, Arizona 85007

Phone: 602.542.5057

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APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A
STATE BOARD ADVISORY COMMITTEE OR TASK FORCE

- ☒ I am interested in serving on this advisory committee or task force:
Career Ladder Advisory Committee
- ☐ I am not interested in serving on this advisory committee or task force at this time, but please keep my application on file for consideration in the future.

Date: 4/21/08 Name: BETTY CRAIG
Address: 1591 W. Las Somitas Rd.
City: Mesa State: AZ ZIP Code: 85704
Phone: 520-888-6916 (H) Fax: 520-888-3255
Email: betscraig@aol.com Preferred Method of Contact: Email ☒ Fax ☐

Current Employment Information:

(please include name of employer, dates of employment, title and a brief description of job duties)

I am a self-employed educational consultant, working mainly for Great Source Education from 2002 to the present, conducting 6 Traits of Writing and Writing Classroom professional development.

Previous State Board Committee Involvement:

(please include the name of the Committee, dates served, and position if applicable)

none

Why are you interested in this position? What do you think best qualifies you for this position?:

I was one of the first teachers participating in the Amphitheater Career Ladder Program. Subsequently, I was both a Career Ladder facilitator and the Amphitheater Career Ladder Program Manager. I possess passion for, and knowledge of, Career Ladder.

Please describe any civic organizations or projects in which you have been involved that you believe to be relevant to the position for which you are being considered for appointment:

As Amphitheater's Program Manager, I lobbied with the Arizona State Legislature to maintain Career Ladder funding. I understand the importance of the relationship between Career Ladder and the legislature.

Voluntary Information:

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Male
Female

☐
☒

Residence:

Rural ☐
Urban ☒

----- Office Use -----

Nominated By: _____

Date Considered for Appointment: _____

Initial Appointed: ☐ Yes ☐ No Reappointment: ☐ Yes ☐ No

Term Effective: _____ Term Expires: _____

Date Notified: _____